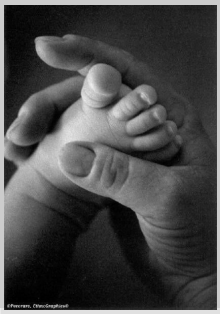
June 6, 2008



COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

TOTS Update

A provider submitted a question this week regarding the IFSP in TOTS. We thought it might be helpful to explain some features of the TOTS system. A primary goal of the TOTS system is to reduce redundancy. Users will see features supporting this goal throughout the system. Users will enter child and parent information 1 time. Information that is entered will pre-populate fields on subsequent pages. For example, child information from the Demographic page, information regarding the child's development from the Evaluation/Assessment page and service information from the Planned Services page will all be pulled to create a comprehensive IFSP. Users will no longer be required to enter the same information on multiple pages. TOTS will pre-populate fields for ease of data entry and data management.

Nourishing Development:

A Report on Food Insecurity and the Precursors to School Readiness

Source: Children's Sentinel Nutrition Assessment Program – Retrieved May 28, 2008

The Children's Sentinel Nutrition Assessment Program (C-SNAP), a national network of pediatric and public health researchers who study young, low-income children's health, growth, and development, recently updated a report entitled *Nourishing Development: A Report on Food Insecurity and the Precursors to School Readiness among Very Young Children*. Findings suggest that babies and toddlers from food insecure families are 76% more likely to be at developmental risk than babies and toddlers from food secure families. Strategies to reduce food insecurity and promote the development of very young children are provided.

Available at http://www.c-snap.org/upload/resource/nourishing_development_2_08.pdf

Service Coordinators Be Aware…

If any Service Coordinator submitted an Assistive Technology request to EnTech between Thursday, May 29th and Thursday, June 5th , please contact EnTech to make sure that the fax was received or re-fax the request to 502/585-7104. EnTech had technical difficulties with their fax machine last week and lost a number of faxes that had been saved in memory.

Kentucky UNBRIDLED SPIRIT

Desired Family Outcomes of the Early Childhood Transition Process

The National Early Childhood Transition Center (NECTC) has published a new research brief describing critical family outcomes to be considered when designing transition services for young children. It is available online at http://www.ihdi.uky.edu/nectc/Documents/PRESENTATIONS/What's New Blurbs/familyoutcomes (2).pdf

Full citation: Harbin, G., Rous, B., Peeler, N., Schuster, J., & McCormick, K. (2007). *Desired family outcomes of the early childhood transition process* (NECTC Research Brief #5). Lexington, KY: National Early Childhood Transition Center.

Swim Safely this Summer

Campaign educates public on recreational waterborne illnesses

Recreational swimming will play a large part in summer fun for many Kentuckians. To make this summer a healthy swimming experience, state water quality and public health officials are urging swimmers to adopt healthy swimming behaviors that will help prevent the spread of waterborne illness.

State officials are also reissuing swimming advisories for specific areas of Kentucky waterways.

“This information is provided to our citizens to help them make informed, good public health decisions about how and where they swim,” said Dr. William D. Hacker, commissioner of the Department for Public Health (DPH) and acting undersecretary for health with the Cabinet for Health and Family Services. His department works with the Division of Water in the Environmental and Public Protection Cabinet to issue Kentucky’s swimming advisories.

Guy Delius, acting director of DPH’s Division of Public Health Protection and Safety, said safe swimming habits also are needed in public pools.

“Thousands of Kentuckians visit our public pools throughout the season, and these simple recommendations will help ensure the water will remain clean and our citizens healthy,” Delius said.

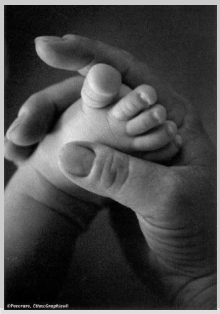
Waterborne illnesses are caused by microorganisms such as Cryptosporidium, Giardia, Esherichia coli (E. coli) and Shigella and are spread by accidentally swallowing water contaminated with fecal matter. E. coli is the major species in the fecal coliform group. Because it is generally not found growing and reproducing in the environment, E. coli is considered the best indicator of fecal pollution and the possible presence of disease-causing bacteria and other microorganisms.

- Chlorine kills bacteria, but disinfection takes time. The CDC and environmental health specialists recommend these healthy swimming practices to keep bacteria out of the pool:

- Do not swim when you have diarrhea.
- Do not swallow pool water or get pool water in your mouth.
- Shower before swimming and have your children shower.
- Wash your hands after using the toilet or changing diapers.
- Take children on bathroom breaks or change diapers often.
- Change children’s diapers in a bathroom, not at poolside.

Swimmers should also heed swimming advisories issued to protect the public from contaminants in some areas of Kentucky waterways. The Division of Water and the Division of Public Health Protection and Safety agree advisories issued last summer will remain in effect due to high levels of E. coli.

June 13, 2008



COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

State Report Cards Are Out: Kentucky First Steps Shows Improvement!

Kentucky received its State Determination via e-mail from the Office of Special Education Programs (OSEP) late last Friday night. OSEP has determined that Kentucky ***needs assistance*** in meeting the requirements of Part C of the Individuals with Disabilities Education Improvement Act (IDEA). This is an improvement from last year's State Determination of *needs intervention* and should be viewed as recognition of the hard work put forth by First Steps Points of Entry (POEs), providers, stakeholders and administrative staff. Great job!!!

OSEP rates states according to their level of compliance with Part C of IDEA. States receive one of 4 possible ratings as follows: Meets Requirements, Needs Assistance, Needs Intervention or Needs Substantial Intervention.

This year, OSEP determined that 22 states met requirements, 29 states need assistance in meeting requirements (with 17 of those states in their second year of needs assistance) and 4 states need intervention. Kentucky Part B also received a Determination of *needs assistance*.

In the State Determination letter OSEP identified specific factors that affected their Determination, which include:

1. Indicator 1 (Timely Services): Kentucky reported 80% compliance. 100% compliance is required. In addition, Kentucky failed to correct noncompliance from FFY 2005 (SFY 2006).
2. Indicator 7 (45 Day Timeline): Kentucky reported 92.5% compliance. 100% compliance is required. OSEP recognized the tremendous effort put forth by the state to improve performance from 61% in FFY 2005 to 92.5% in FFY, 2006, but noted that Kentucky failed to correct all identified noncompliance from FFY 2005 (SFY 2006).
3. Indicator 8A (Transition Steps and Services in the IFSP): Kentucky reported 74.5% compliance. 100% compliance is required.
4. Indicator 8C (Transition Conferences): Kentucky reported 78% compliance. 100% compliance is required. In addition, Kentucky failed to correct noncompliance from FFY 2005 (SFY 2006).

OSEP also expressed continued concern with General Supervision in the program, as indicated by Kentucky's continued inability to demonstrate compliance with Indicators 1, 7, 8A and 8C.

While these continuing concerns should not be taken lightly, please take this weekend to celebrate the results of your hard work!! Beginning Monday, we can return to the work of making First Steps a nationally recognized program of excellence.

Kentucky UNBRIDLED SPIRIT

TOTS Update

I was traveling this week and being in the airport and in my hotel room and at the pool (working … really), accessing e-mail, reviewing and sending documents and just working via a "hotspot" got me thinking about TOTS. How far we've come from the days when we were tied to offices, phones, faxes and paper.

While I was away, Julie has spent a lot of time both last week and this week finalizing initial screen designs and system functions with the TOTS design team. In the coming weeks we can begin to share some of that with you as well. I believe this will help stakeholders to begin to put the pieces of the puzzle together in terms of seeing how TOTS will help you as a service coordinator or a provider streamline your daily activities.

2008 KIDS COUNT Data Book

Source: Annie E. Casey Foundation – June 9, 2008

The Annie E. Casey Foundation's 19th annual KIDS COUNT Data Book (2008) is a national and state-by-state profile of the well-being of America's children that ranks states on 10 key measures and provides data on the economic, health, education, and social conditions of America's children and families. It is now available online at http://www.kidscount.org/datacenter/databook.jsp .

Linking Health Care to Early Childhood Initiatives

Source: Grantmakers for Children, Youth and Families – Retrieved June 11, 2008

Grantmakers for Children, Youth and Families (GCYF) recently released a new issue brief entitled *The Successful Integration of Health and Health Care into Broader Early Childhood Initiatives*. The brief discusses strategies used by four programs to increase collaboration between health care and other early childhood systems and services to support the healthy cognitive, emotional, and social development of young children. The frief also provides recommendations for practitioners, policymakers, and funders. It is available online at: http://www.gcyf.org/library/library_show.htm?doc_id=685769 .

New PEELS Report: Changes in the Characteristics, Services and Performance of Preshoolers with Disabilities

Source: Institute of Education Sciences, National Center for Special Education Research – June 10, 2008

The National Center for Special Education Research within the Institute of Education Sciences has released the second major report from the Pre-Elementary Education Longitudinal Study (PEELS) entitled *Changes in the Characteristics, Services, and Performance of Preschoolers with Disabilities from 2003-04 to 2004-05: PEELS Wave 2 Overview Report.* PEELS involves a nationally representative sample of children, 3 – 5 years of age when they entered the study, with diverse disabilities who are receiving preschool special education services in a variety of settings. To view the report go to: http://ies.ed.gov/ncser/pubs/index.asp#20083011 .

"Health Implications of Caregiving"

Satellite Broadcast

Wednesday, June 25, 2008, 1:00–2:30 P.M. (Eastern Time)

Do you support someone in your community who is caring for a loved one?

Discover how caregiving impacts the health of family caregivers.

Hear simple tips that family caregivers can use to stay healthy.

Learn about programs developed to support family caregivers.

GOAL:

This satellite broadcast will provide viewers information on how caregiving impacts the health and well-being of the caregivers themselves. It will provide tips on self-care, approaches taken by several organizations to support family caregivers, and innovative programs that help caregivers take care of their own health.

TARGET AUDIENCE:

This program is geared towards those in the community who help caregivers identify and utilize resources that help them preserve and improve their own health including case managers, social workers, employers, health care providers and those in the aging network.

PROGRAM:

- **Introductory Remarks**
  Kerry Weems, *Centers for Medicare & Medicaid Services*
- **Issue Overview:** Health Implications of Caregiving
  Gail Hunt, *National Alliance for Caregiving*
- **Presenters on Caregiver Research, Innovative Programs, and an actual Caregiver Perspective**

There will be a live 30 minute Q&A session with the broadcast presenters following the broadcast via audio lines only starting at 2:30 P.M. (Eastern Time).

HOW TO REGISTER:

To register and find more information on the broadcast, where it can be viewed, and how to access the live Q&A please go to: **http://www.blsmeetings.net/caregivers**

There are five ways to connect to this broadcast:

- Steerable Satellite Dish
- Webcasting & Streaming Video
- Video Conferencing
- Audio Line

If you have any questions, please e-mail us at caregivers@cms.hhs.gov

CONTRACT DEADLINE IS APPROACHING!

June 30, 2008 IS THE DEADLINE FOR RENEWING YOUR FIRST STEPS CONTRACT. THE CONTRACT INCLUDES FORMS 5A, AND/OR 5B, 6, AND 8. ALL OF THESE FORMS ARE NEW FOR THE 2009-2010 CONTRACT TERM AND HAVE A REVISED DATE OF 4/08 IN THE UPPER RIGHT CORNER OF EACH PAGE.

SEND COMPLETED FORMS TO:

JACKIE NEAL

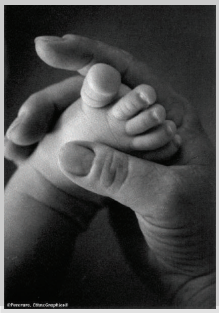
FIRST STEPS/DPH

275 E. MAIN ST., HS2WC

FRANKFORT, KY 40621

June 20, 2008

TOTS Update



We have received a number of questions from providers who are wondering if they will need to maintain a hardcopy child/family record after TOTS is implemented. The answer is yes. There are documents that will continue to require a parent signature, including HIPAA notices of privacy practices and consents for releasing or obtaining information. Additionally, providers may have limited agency-specific forms that they wish to maintain in hardcopy for internal documentation purposes.

So, while we cannot completely eliminate the hardcopy record for you, we will make every effort to reduce the paperwork burden as much as possible.

COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Providing Early Intervention Services in Natural Environments

Woods, J. (2008, March 25). Providing early intervention services in **natural environments.** ***The ASHA Leader, 13*****(4), 14-17, 23.**

by Juliann Woods

The following is a feature article originally printed in The ASHA Leader.

A child's first word is often marked with photos, video or audio recordings for the baby book, phone calls to grandparents, and multiple opportunities for a repeat performance for everyone who missed the exciting occasion. It is a moment to remember. For infants born with communication delays, however, this moment is delayed.

Communication is the most frequently identified delay for children with developmental disabilities (National Early Intervention Longitudinal Study [NEILS], 2007), and ASHA has just completed new policy documents on early intervention (see sidebar, p. 16). These documents reflect changes in legislation, social policy, and evidence-based practice that have occurred over the past 20 years. One of the most significant changes is in the area of service delivery. ASHA's new documents (ASHA, 2008a, b, c, d) provide guiding principles to help clinicians provide services that respond to these changes in contemporary practice, with services that are:

- Family-centered and culturally and linguistically responsive (aligned with each family's unique situation, culture, language/s, preferences, resources, and priorities)
- Developmentally supportive and promote children's participation in their natural environments (appropriate for child's age, cognitive level, strengths, family concerns and preferences)

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Kentucky UNBRIDLED SPIRIT

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- Comprehensive, coordinated, and team-based (effectively integrated to meet the needs of the child and family)
- Based on the highest-quality evidence available (merger of highest-quality, most recent research with professional expertise and family prefer ences)

The second guiding principle—providing services in the child's natural environments—focuses on the participants, setting, and context for early intervention.

Natural Environment Intervention

"Natural environments" is the term used in the Individuals with Disabilities Education Improvement Act, Part C (IDEA, 2004) to refer to settings that are typical for infants and toddlers without disabilities or delays. It is used as a contrast to more traditional treatment settings—such as clinical or medical-based programs—and includes families' homes, early care and education programs, and other community settings where families spend the most time with their children.

The natural environments paradigm is a consultation-based delivery of supports and services in which the speech-language pathologist acts as consultant, supporting the child and family's communication within their everyday activities and events.

With this change in focus from more traditional treatment settings, families with infants and toddlers eligible for and choosing to participate in their states' Part C early intervention programs find that services and supports—including speech-language and audiology treatment—are provided in the locations where the families typically spend their time, rather than the families having to go to appointments at multiple locations on different days. The most frequently identified natural environment location for families nationwide is in their homes (NEILS, 2007).

The new set of ASHA early intervention documents address the concept of the natural environment, and include many changes related to providing services. The term natural environment describes much more than a location for the service—it does not mean, for example, that the SLP moves the clinic to the home by taking a bag of toys and treatment materials into the living room. Instead, the concept includes the context for intervention, which is the child and family's typical and valued activities and events, and includes parents and caregivers as partners in the child's communication activities.

In a typical scenario, a partnership develops between the SLP and parents or other caregivers. Family members or caregivers offer information about their typical day, the child's communication opportunities and expectations, the child's and family's preferred activities, and any challenges. In turn, the SLP shares information and resources, and coaches the parents about including communication activities throughout the child's day, with content individualized to meet the specific needs of the child.

In this intervention model, typical routines such as getting dressed, walking the dog, picking up toys, getting the mail, eating a snack, or going to the store, serve as meaningful and functional opportu-

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nities for learning communication, social interaction, and other developmental skills. Children practice skills throughout the day as they communicate what they want, see, do, and enjoy during those common and repeatable exchanges.

A Process, Not a Place

Although "natural environment" seems to refer to a location, it is actually the process that is most important. Central to the process is the tenet that children learn through participating in their everyday activities and meaningful experiences with their family and caregivers. Authentic interactions that are interesting and fun result in more frequent and longer engagement, with subsequent positive outcomes for the child and family. When caregivers maximize learning opportunities in the child's daily routines and activities, the child has many opportunities for intervention every day, throughout the day, and in a meaningful and responsive manner.

Families realize benefits from the emphasis on natural environments. They don't have to set aside special treatment time or acquire special materials when intervention is accommodated within the family's daily routine. No matter how many unexpected events come up or activities change in any given day, the same familiar and necessary routines involving communication take place and can be used to enhance the child's growth and development.

Team-Based Services

Multiple professionals work together on a team with the family to develop the individualized family service plan (IFSP) and provide early intervention services in the natural environment. The team is responsible for selecting the most appropriate service delivery model based on the specific needs of the child and family.

"… (the Primary Service Provider) model helps avoid fragmentation of services and frequent home visits from multiple professionals (e.g., audiologists, educators, occupational and physical therapists)."

In some instances, one professional on the team is designated as the primary service provider (PSP); this model helps avoid fragmentation of services and frequent home visits from multiple professionals (e.g., audiologists, educators, occupational and physical therapists). With this approach, which involves "role release" and "role extension," one professional is designated to provide services across disciplines, and the other professionals provide consultation to this designated primary provider. An SLP on such a team may serve as either the primary provider or consultant; when the child's main needs are communication or feeding and swallowing, the SLP should be designated as the primary service provider (ASHA, 2008b).

The designation of the PSP should be a team decision and individualized for each child and family. It is a viable model if it includes careful consideration of which team member offers the best match of expertise and relationship with the family, and is not based only on logistics, such as availability or cost. When using the PSP model, the team must communicate regularly to support one another—as well as the child and family—to ensure maximum progress.

All team members, whether acting as the primary service provider or as a consultant, focus on the interactions between the caregiver and child, rather than only on delivering services directly to the child. Embedding intervention into the family's identified routines throughout the day is the core feature of service delivery in the natural environment.

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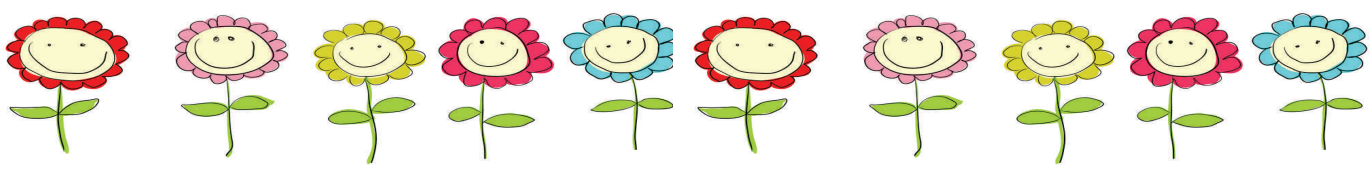

Facilitating Learning for Caregivers

Clinicians may want to adopt the following five adult learning strategies, based on the work of Malcolm Knowles, noted theorist and writer in the field of adult education. These strategies are consistent with a natural environment process and support interaction between the caregiver and the early intervention provider.

1. Agree on learning priorities and roles.

Functional and meaningful child communication goals reflecting the family's priorities are critical. A thorough exploration of the caregiver's objectives for the child will enhance the development of goals for consultation and lead to clear, relevant, and jointly established expectations. Agreeing upon the learning priorities promotes collaboration.

Establishment of goals, however, is not the only learning support needed for caregiver-implemented intervention. It is equally critical to clarify the role of the caregiver as intervention provider. It is important for SLPs to describe and demonstrate their role as consultant (rather than direct-service provider) to caregivers at the beginning of the relationship; a thorough understanding of the concept will decrease miscommunication later.

2. Join in rather than take over.

SLPs should look for ways to join in the caregiver-child interactions, rather than expecting the caregiver to observe or join the SLP-child activities. Active learning opportunities set the stage for informed discussion and problem-solving. Join a dad as he and his son walk the dog, or the child care teacher as she and her group play with building blocks. Your observations of how the caregiver provides and uses opportunities for communication enhance your ability to share evidence-based and individualized strategies, such as environmental arrangements or contingent imitation.

3. Build on the caregiver's strengths.

Learners keep and use new information more easily when they integrate the new ideas with what they already know (Bransford, Brown, & Cocking, 1999). Maintaining the caregiver's current routine or activity sequence will facilitate ease of learning. Anchors for learning are plentiful when the family or caregiver participates in identifying opportunities to embed different intervention strategies or outcomes. The routine sequence and use of everyday materials serve as learning anchors for the adult. Incorporating limited modifications or additional opportunities is easier within a familiar and comfortable framework.

4. The relationship does matter.

SLPs should not expect the caregiver to take risks early in the process of developing a relationship. Although there are some "just do it" learners who are ready to try anything, most benefit initially from supports. Confidence and motivation will grow from success in embedding intervention, improvement in the child's skills, and positive experiences with the consulting process. As trust in the consulting relationship increases, so does the likelihood the adult learner will try new ideas.

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5. Provide specific and meaningful feedback to enhance competence.

Adults tend to prefer to learn one concept at a time, and they learn the concept best by applying it to relevant problems (Knowles, 1995). This tendency becomes more pronounced with age, during periods of illness or exhaustion, and when dealing with multiple priorities. "More isn't better" when the adult can't remember how or when to use the information. Learning to embed intervention opportunities in daily routines is a complex process, and caregiver competence typically will not result after a single brief conversation or demonstration. Parents and caregivers may not have had training in child development, disabilities, intervention strategies, data collection, and principles of instruction and reinforcement, or had multiple opportunities to practice intervention strategies with feedback from mentors and teachers. Help parents and caregivers to build competence by using instructional techniques that build their confidence. Feelings of inadequacy resulting from the complexity of the task inhibit learners and reduce the frequency of their attempts.

Working in the Natural Environment

SLPs working in early intervention need to have training on teaching adults, coaching caregivers, and providing consultative services. The ASHA early intervention documents identify multiple knowledge and skill sets that support the SLP in the roles of consultant, family educator, and team member. These knowledge and skills are in addition to—not replacements for—skills in other, more traditional, roles. For example, traditional practice emphasizes child-focused intervention; in natural environments intervention, the SLP must be fluent with child-focused intervention and have skills in teaching other adults, using effective and relationship-enhancing instruction.

Much of what SLPs are sharing or demonstrating about early intervention is new and often complex information for parents. Information may need to be shared more than once, in a variety of formats, applied to multiple settings and situations, and revisited as new circumstances occur. It's not sufficient, for example, to model an activity with the expectation that parents will then be able to repeat the activity after observing it.

The presentation of information should always be meaningful to the caregivers and individualized for their priorities and interests, their daily routines and activities, and their preferred places for the child to learn and play. There are no "one-size-fits-all" handouts or activities that will support all adult learners. The SLP should use aids that help the learner organize the information and relate it to previously stored information; for example, a visual schedule for bath time with key vocabulary helps the caregiver remember "when" in the routine to label and offer choices, as planned during a session with the SLP.

SLPs also must present information at a pace that supports implementation. Systematic presentation of one concept at a time, demonstration and practice of that concept, and opportunities for feedback and problem-solving will help the adult learner build from knowledge to application and, more importantly, to generalization of the concept. Comprehension and use of the concept or strategy are further enhanced when competing demands (e.g., new or unfamiliar routine or activity, need to engage other children or siblings, limited time) are initially minimized. Often, caregivers learn the mechanics of a specific strategy that could be embedded in a child's routine, but are unable to use the strategy fluently because they have not had adequate practice and feedback on how, when, and where to use it. The learning curve for adults is maximized when the environment is arranged for their success.

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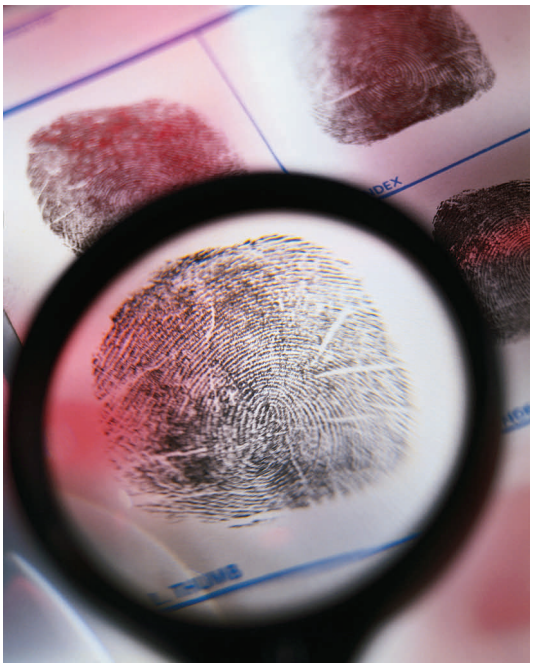
Building the Evidence Base



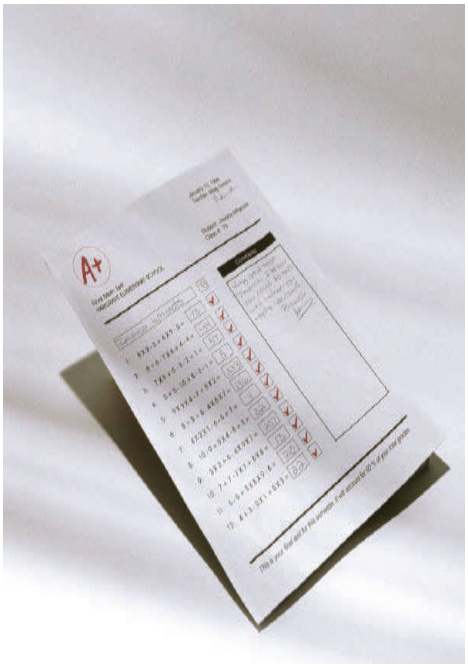
As SLPs have gained familiarity with the concept of natural environments, questions about implementation have evolved from basic information about the meaning of the construct to more challenging issues. They seek solutions to real-world situations: What works best for which children? How do I support caregivers so that intervention occurs throughout the day? What environmental arrangements support early interactions?

The early intervention knowledge base increases when researchers and providers seek answers for "how-to" questions generated from practice. And answers are beginning to emerge. As summarized in the new ASHA guidelines (ASHA, 2008b), the evidence base is expanding and consensus is building on recommended early intervention methods and strategies. Increasing evidence supports parents as effective communication and play partners, with improved child outcomes as the result (Kaiser, Hancock, & Trent, 2007).

As the field advances, multiple intervention approaches are available for replication (see sidebar, p. 15). Early intervention in the natural environment differs based on theoretical perspectives (developmental or behavioral), role of the clinician (primary service provider or consultant), contexts (embedding in routines or natural learning opportunities), strategies for child intervention (responsive interaction or applied behavior analysis), and ways of facilitating caregiver participation (modeling with feedback or conversations). SLPs need to vary approaches for different children and families based on disorder type, age, other individual needs, and available evidence.

Juliann Woods is a professor in the College of Communication at Florida State University, and a member of ASHA's Committee on the Role of the Speech-Language Pathologist in Early Intervention. Her research interests include service delivery models and early intervention and prevention. Contact her at juliann.woods@comm.fsu.edu.

Be On the Lookout for District Report Cards



Last week we told you about Kentucky's recent State Determination. As a part of its General Supervision responsibilities, each State is required to make "local" Determinations by Early Intervention System (EIS) program. In Kentucky the EIS programs are defined as the regional Districts or POE Districts.

The first District Determinations were made in June, 2007. Following the issuance of the District Determinations, Districts were required to submit responses that addressed any issues identified in the Determination letter.

This year's District Determinations will be issued on or before June 30th. The Determinations will be based on State Fiscal Year 2007 compliance with State Performance Plan (SPP) indicators 1, 7, 8a, 8b and 8c, SFY07 performance related to indicators 2, 4a, 4b, 4c, 5 and 6, correction of or progress toward correction of previously identified noncompliance and other known information about the District (i.e. substantiated complaints).

District Determination letters are directed to the District POE Grant Administrator and are not posted publicly. District POEs will share the information with local stakeholders and will be seeking input from local stakeholders regarding improvement planning.

Talking with Children: An Example of the Difference it Makes

A Key to Literacy: Parents Talking with their Children

Schooling does matter, but literacy starts at home, writes Laura Pappano for the Harvard Education Letter. Teachers have long urged parents to read aloud to their children, but now there is a second and perhaps more powerful message coming from educators: talk to your kids! Mounting research that links language-rich home environments with reading success and school achievement is driving educators and community groups to target families long before children even register for school. It is highly probable that home support for literacy markedly influences kindergarten language skills and in turn, fourth grade reading comprehension scores. In fact, exploratory investigative discussions between parents and children are central to higher-level literacy, while the social-emotional bond parents have with children can amplify learning. Parents remain uniquely able to tailor explanations that click perfectly with their child and also provide more extensive opportunities for rich discussion than a teacher attending to a class of 25 students.
http://www.edletter.org/insights/familyconversation.shtml

CBIS Notice Issued June 18, 2008

Due to First Steps transitioning to TOTS, there are going to be changes coming to CBIS of which you need to be aware.

First, as a First Steps provider, you may not have the same program assistant helping you with your billing issues every time you call. Gail Brown is no longer with CBIS. If she previously assisted you, please call the 800 number, not her direct line number, and we will assist you as staff are available. Our 800 number is 800-781-2967 and is on the bottom of every form and statement we send out. When you call, please leave a number where we can reach you, including the area code, your name, provider number, and as much detail as you can about your request (child id number, date of service, etc). We will return calls in the order they are received.

Secondly, in the future, when you call CBIS, we will try our best to respond within 48 hours, but if you call from the cutoff date until the billing cycle run date we will not be returning those calls immediately. Given our staff shortage we have to make it our priority to make sure all the billing files and billing forms and summary sheets that arrived before the cutoff date are in. So if you need assistance with your mismatch, call well before the next cutoff date.

Finally, and most exciting for us, we are in final testing of online screens for PSCs to enter summary sheets over the web. The screens are not the TOTS screens that you will receive training on in August. The screens look very much like the paper forms you currently fill out, except that data we already have will be prefilled on them. This will make it much easier you to enter the information, plus the information will be live in our system the very next day. It will totally eliminate data entry on our end. In addition, providers who do not bill very many claims each cycle will be able to enter claims online (one at a time). You will still be able to send us electronic spreadsheets containing your billing as well. These forms will be available in July, and we will be making online summary sheet entry mandatory for PSCs. More information will follow on this as soon as we set a "go-live" date.

These changes will help us continue to serve you, get the work done to make sure you get paid, and work with Central Office through the transition period. We appreciate your help and consideration through this transition.

REQUEST FOR NOMINATIONS FOR THE 2008 MARGE ALLEN SPIRIT AWARD AND JIM HENSON SERVICE AWARD

The Interagency Coordinating Council of Kentucky's Early Intervention System invites you to submit nominations for their annual awards presentation to take place at the Kentucky Infant Toddler Institute August 11-13, 2008.

MARGE ALLEN SPIRIT AWARD

"Helping to promote the statewide dream of Early Intervention in Kentucky"

Nomination Criteria:

The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.

The nominee's experience with early intervention in Kentucky may have been: past or current, personal, professional, or parent.

The nominee must be an individual.

JIM HENSON SERVICE AWARD

"To recognize a local or regional positive impact by an individual to insure the reality of Early Intervention in Kentucky"

Nomination Criteria:

The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.

The nominee's experience with early intervention in Kentucky may have been: past or current, personal, professional, or parent.

The nominee must be an individual.

ICC members and former ICC member are not eligible for the Jim Henson Service Award.

Nomination Instructions:

Use the attached ICC Award Nomination form, and mail, email or fax the nomination on or before July 15, 2008 to Lynne Flynn. When using email to nominate, please attach the Award Nomination form as a Word® document. You may email Ms. Flynn for an electronic version of the form, if needed.

Lynne Flynn, ICC Chairperson
Cabinet for Health and Family Services/Dept. for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621
Lynne.Flynn@ky.gov
Fax: 502-564-0509

For more information on the Kentucky Infant Toddler Institute, visit:

http://www.ihdi.uky.edu/infanttoddler/

Interagency Coordinating Council-Kentucky's Early Intervention System

Award Application Form

2008

_____ Marge Allen Spirit OR _____ Jim Henson

Please answer the following questions regarding the person you are nominating. Be brief and concise, realizing that reviewers may not be familiar with your nominee. Use only the space allotted for each answer. Extra attachments will be not be considered.

Nominee's Full Name: _____

Address: _____

_____ Zip: _____

Phone: Work: _____ Home: _____

Cell: _____ Fax: _____

(need at least one of these numbers)

Please check one. Nominee is a:

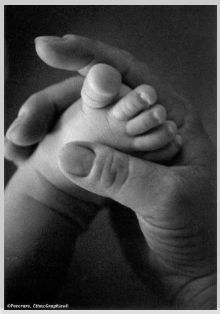
_____ Service Coordinator _____ Parent _____ Therapist

_____ Early Interventionist _____ Early Intervention Administrator

_____ Other: _____

Describe the type and length of activities, services and/or experiences the nominee has had with children birth to three with disabilities and their families.

June 27, 2008



COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

PROVIDER CONTRACT DEADLINE IS HERE!!!

June 30, 2008 IS THE DEADLINE FOR RENEWING YOUR FIRST STEPS CONTRACT. THE CONTRACT INCLUDES FORMS 5A, AND/OR 5B, 6, AND 8. ALL OF THESE FORMS ARE NEW FOR THE 2009-2010 CONTRACT TERM AND HAVE A REVISED DATE OF 4/08 IN THE UPPER RIGHT CORNER OF EACH PAGE.

SEND COMPLETED FORMS TO:

JACKIE NEAL
FIRST STEPS/DPH
275 E. MAIN ST., HS2WC
FRANKFORT, KY 40621

TOTS Registration is Available on TRAIN

You may begin to register today for a training session in your area. There are just a few things to be aware of when registering. Dates and times are included for all areas **except** Kentucky River, Lake Cumberland, Cumberland Valley, Northern KY and Buffalo Trace. Sites near these areas will be added as they are confirmed.

Technology-assisted Observation and Teaming Support system

Registration for TOTS training on TRAIN will look a little different from typical courses. Detailed directions are included on page 2 to help registration go smoothly. Please carefully follow these instructions. Pay attention to details to ensure you have a spot reserved in the location you want. Space in computer labs has a definite limit. I hope you are as excited about TOTS as we are in Central Office!

Save The Date For Assessment Training!

HELP

July 18 Lexington, July 23 Louisville, July 25 Prestonsburg

AEPS

July 30 Lexington

Carolina Curriculum

August 21 Bowling Green, August 22 Louisville,

August 29 Lexington

It is important to note that dates are listed here for all scheduled assessment trainings however registration is not available on TRAIN for all dates at this time. You will be able to register on TRAIN when the sites are confirmed. Additionally, a session will be offered on each instrument at the Infant Toddler Institute in August and First Steps TATs will begin leading the assessment training in September. September dates will be announced when they are available.

Kentucky UNBRIDLED SPIRIT

Instructions for Registering for First Steps TOTS Data System Training Sessions course number 1013113

On KY.TRAIN.ORG

Technology-assisted Observation and Teaming Support system

1. Log into your personal TRAIN account at http://ky.train.org

   If you DO NOT have a personal TRAIN account created, go to http://ky.train.org and begin the process by clicking on "Create Account" button. Any box with a Red Asterisk is required to be completed.

2. Enter course number 1013113 in the Search By Course ID box on the right hand side of the screen and click Go.
3. Click on the title of the course name: *Kentucky First Steps TOTS Data System Training Sessions-1013113.*
4. Underneath the conference title there are four tabs. Click on the Registration tab to begin the registration process.
5. Directly below the four tabs, click on the Register for Conference button.
6. Click the Add button, located in the far left column, beside the Sessions you plan to attend. When the screen refreshes after adding a session it will take you back to the top of the list of sessions.
7. Once you have added the session you wish to attend, scroll to the bottom of the list of sessions and click the Next button.
8. The next screen states No additional info required, click the Next button.
9. The next screen has your TRAIN account information. Review and update, if needed, then click the Next button.
10. The next screen shows the session you selected to attend. Click the Complete Registration button at the bottom of the screen. At this time, you can also click the Printer Friendly button to make a copy of the session you chose.
11. You are now registered on TRAIN and your status will read: In Progress. This status means the conference has not taken place yet but you are registered on TRAIN.
12. At this screen, you can Remove or a Add session by clicking on the Edit My Registration button in the upper left hand corner under the In Progress status.
13. At this screen, you can also click the Printer Friendly button to make a copy of the session you chose.

Greater Kentucky Chapter
Community Grant Program

2009 Request for Proposals
Letter of Intent Application

GRANT SCHEDULE

Letters of Intent Due	July 15, 2008
Full Proposal Invitations	August 1, 2008
Full Proposals Due	September 15, 2008
Notification of Awards	January, 2009
Project Year	*Jan. - Dec. 2009*

PURPOSE

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

Launched in 2003, the March of Dimes Prematurity Campaign is a multiyear, multimillion-dollar research, awareness and education campaign to help families have healthier babies. The campaign includes: 1.) funding research to find the causes of premature birth, 2.) educating women about risk reduction strategies, including the signs and symptoms of premature labor, 3.) providing support to families affected by prematurity, 4.) expanding access to health care coverage so that more women can get early and adequate prenatal care, 5.) helping health care providers learn ways to help reduce the risk of early delivery, and 6.) advocating for access to insurance to improve maternity care and infant health outcomes.

As part of this effort, the Greater Kentucky Chapter community grants program is designed to invest in priority projects that further the March of Dimes mission, support national campaign objectives, and further our strategic goal of reducing disparities in birth outcomes.

Proposals will be accepted from organizations with the capacity, competence and experience to accomplish project goals and objectives. Priority will be given to projects that, based on community needs, address increased access to care and/or prevention services to help reduce disparities in preterm birth. Project interventions may be provider and/or consumer focused.
Please Note: March of Dimes chapter community grants do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please refer to the March of Dimes Web site at marchofdimes.com , or e-mail the Office of Research and Grants Administration at researchgrants@marchofdimes.com. *For a list of allowable and unallowable expenses, please contact us.*

Katrina Adams-Thompson, Director of Program Services

March of Dimes

Greater Kentucky Chapter

196 W. Lowry Ln.

Lexington, KY 40503

859-246-0004

Fax: 859-246-0621

Kadams-thompson@marchofdimes.com